



LFN 374

Docket No. 2861

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Keith L. Milliman, et al  
Serial No.: 10/528,975 Group Art Unit: 3721  
Filed: March 23, 2005 Examiner: Nash, Brian D.  
For: SURGICAL STAPLING DEVICE

Commissioner For Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

CERTIFICATE OF MAILING

Date of Deposit: 2/4/07

I hereby certify that the following:

- ☒ This Certificate of Mailing
- ☒ Amendment
- ☒ Amendment Fee Transmittal
- ☒ Return postcard

are being deposited with the United States Postal Service first class mail on the Date of Deposit indicated above in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Neil Gershon

Neil Gershon  
1011 High Ridge Road  
Stamford, CT 06905  
(203) 329-0289



Docket No.: 2861

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of: Keith L. Milliman, et al

Serial No.: 10/528,975

Group Art Unit: 3721

Filed: March 23, 2005

Examiner: Nash, Brian D.

For: **SURGICAL STAPLING DEVICE**

**AMENDMENT FEE TRANSMITTAL**

COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment for the above-identified application.

☒ No additional fee is required.

☐ The additional fee has been calculated as shown below:

**CLAIMS AS AMENDED**

	Claims Remaining After Amendment		Highest No. Covered by Previous Payments	Extra		Rate Fee	Additional
Total Claims*	20	-	20	0	=	x \$ 9.00	\$ 0.00
Independent Claims	2	-	2	0	=	x \$42.00	\$ 0.00
Multiple Dependent Claim(s)	(If claims added by amendment include Multiple Dependent Claim(s) and there was no Multiple Dependent Claim(s) in application before amendment add \$270.00 to additional fee.)					\$ <u>0.00</u>	
Total:							\$ 0.00

\* Includes all independent and single dependent claims and all claims referred to in multiple dependent claims. See 37 C.F.R. §1.75(c).

☐ Charge the fee of \$0.00 to Deposit Account No. **21-0550**.  
**TWO DUPLICATE COPIES OF THIS SHEET ARE ATTACHED.**

☒ The Commissioner is hereby authorized to charge any additional fees which may be required for this amendment, or credit any overpayment to Deposit Account No. **21-0550**. **TWO DUPLICATE COPIES OF THIS SHEET ARE ATTACHED.**


☐ Pursuant to 37 C.F.R. §1.48(b) an Amendment and Petition to Delete Inventor(s) is enclosed.

Petition for Extension of time pursuant to 37 C.F.R. §1.136(a):  
[please check one]

1. ☐ Is enclosed herewith.
2. ☒ Is not believed to be required. However, if a petition for extension of time under 37 C.F.R. §1.136(a) is required with this Amendment, please treat this paper as a petition for such extension. The Commissioner is hereby authorized charge the required extension fee pursuant to 37 C.F.R. §1.17, to Deposit Account No. **21-0550**.

Respectfully submitted,

Dated: 2/8/07

By:   
Neil D. Gershon  
Reg. No. 32,225  
Attorney for Applicant

Neil D. Gershon  
1011 High Ridge Road  
Stamford, CT 06905  
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Serial No.: 10/528,975

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Examiner: Nash, Brian D.

For: **SURGICAL STAPLING DEVICE**

**AMENDMENT**

COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated January 9, 2007, please amend the above-identified application as follows: